

Figure 5

## Student Teaching Course Completion

Name		Grade	
Organization		SSAN	
Student Teaching Course Enrollment Date		Student Teaching Course Completion Date	
Practice Teaching Hours			
Start Date	End Date	Hours Taught	

**Total hrs practice teaching** \_\_\_\_\_

**Training**

Lesson Plan Preparation

Audiovisual Aids Preparation & Use

Student Test Administration

Academic Counseling of Student

Instructor Performance Feedback

Instructor Subject-Matter Testing

**Instructor Evaluation & Rating**

Evaluation Date \_\_\_\_\_

Evaluation Date \_\_\_\_\_

**Instructor Information**

Subject-Matter Testing Procedures

Education Counseling Procedures

Supervision & Evaluation Procedures

Tracking Faculty Qualification Training Documents

Student Teaching Course Completion Process

**Date Completed Required Contact Hrs**

_____
_____
_____
_____
_____

Rating \_\_\_\_\_

Rating \_\_\_\_\_

**Date Received**

_____
_____
_____
_____
_____

\_\_\_\_\_  
faculty member signature, verifying student teaching course requirement completion

\_\_\_\_\_  
date

\_\_\_\_\_  
commander/commandant signature

\_\_\_\_\_  
date